DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X*AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
7.1.12.1.27.11.1		.5	A. BUIL	.DING	-		
		14A057	B. WING	G	05/0	4/2007	
	ROVIDER OR SUPPLIER ERICAN NURSING HO	DME		STREET ADDRESS, CITY, STATE, ZIP 5448 NORTH BROADWAY STRE CHICAGO, IL 60640			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 520	by: Based on observat staff interview, it was Dietary Department that deficient issues appropriate plans of Hence, the deficient immediate jeopardy. Findings include: 1. During various to 4/11/07-4/25/07, the made: * unlabeled and unfreezers * failure to perform * improper handling * improper calibration thermometers * failure to consiste temperatures * failure to follow read Agreement noted, Review and evaluad Dietary Manager the on a regular basis. control of the operation department Ensof the federal, states surveys will be control of the operation of the federal of th	ion, Facility record review, and as determined that, for the t, the Facility failed to ensure s were identified, and of action were implemented. It practices resulted in an y for the dietary department. Ours in the kitchen from the following observations were dated foods in coolers and thandwashing as necessary and cooling of foods on of food temperature.	F 5	20			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIED/CLIA

-	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		E CONSTRUCTION	COMPLETED	
		14A057	B. WIN	IG		05/04	4/2007
	ROVIDER OR SUPPLIER RICAN NURSING HO	ME	•	5448	ET ADDRESS, CITY, STATE, ZIP CODE 8 NORTH BROADWAY STREET ICAGO, IL 60640		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
	conducted with E9, stated that as a me Assurance Commit above issues to the for intervention.	A.M., an interview was (Food Service Supervisor). E9 mber of the Facility's Quality tee, she had never bought the committee as problem areas		520			
F9999	 a) A full-time person experience, shall be and nutrition service shall be on duty a roweek. 1) This person shall dietetic service supply lf the person respective a dietitian, the person shall dietetic service supply lf the person respective. 	Director of Food Services n, qualified by training and e responsible for the total food es of the facility. This person ninimum of 40 hours each I be either a dietitian or a	F99	999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SURPLIER/CLIA

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		14A057	B. WIN	IG _		05/04	4/2007
	PROVIDER OR SUPPLIER	DME	,	54	REET ADDRESS, CITY, STATE, ZIP CODE 448 NORTH BROADWAY STREET CHICAGO, IL 60640		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUNDERSON THE APPROPRIES OF	JLD BE	(X5) COMPLETION DATE
F9999	Consultation, given training, as needed planning and review storage, food service use of food equipmed therapeutic diets shoulding, covering nutritional status are including weight, he biochemical assess adaptive eating equipmed observations of nutresident's eating had dietary restrictions. 300.2100 Food Hat Every facility shall or rules entitled "Food Adm. Code 750). SUBPART B: FOO Section 750.120 Ga) At all times, incluprepared, displayed shall be protected from including dust, inseed equipment and uter coughs and sneezed overhead leakage of condensation. Prior temperature of pote be 45 degrees For above at all times, in this Part. Effective temperature of pote be 41°F or below, of except as otherwise Refrigeration units.	in the facility, shall include I, in areas such as menu IV, food preparation, food IV, food preparation, food IV, food preparation, food IV, food sanitation, and IV, food sanitation system IV, food sanitations; IV, food sanitations; IV, food sanitation system IV, food sanitation IV, food sanitation system IV, food sanitation system IV, food service sanitation story IV, food service, food IV, food served, or transported, food IV, food food system IV, food food food food food food food foo	F99	999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14A057	B. WIN	IG _		05/0	4/2007
	PROVIDER OR SUPPLIER ERICAN NURSING HO	ME	•	54	REET ADDRESS, CITY, STATE, ZIP CODE 448 NORTH BROADWAY STREET CHICAGO, IL 60640		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	temperature is maint times and all potent prepared on-site or of commercially produced and refrigeral days after preparation the event the dated within 3 days, the possible section 750.140 Reference by Prior to July 1, 15 food requiring refrigulation and raptemperature of 45°l 1996, potentially had or tagged with the cand rapidly cooled 41°F, unless the foot temperature of 45°l no more than three 750.120. Potentially volume or prepared rapidly cooled, utilized depth of food to 4 in chilling or water circontainer. Prior to chazardous food to 10 pre-chilled and held below unless mainth hot storage require 750.150. Effective chazardous food to 10 pre-chilled and held below unless mainth hot storage require 750.150.	of, provided the product natained at 45°F or less at all tially hazardous foods opened containers/packages ocessed food products are ted for no longer than three ion or opening, respectively. In product is not used or sold roduct shall be discarded.	F99	66			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SURPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14A057	B. WIN	IG		05/04	4/2007
	ROVIDER OR SUPPLIER	DME		54	EET ADDRESS, CITY, STATE, ZIP CODE 48 NORTH BROADWAY STREET HICAGO, IL 60640		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	hours; and B) From 70°F (21°C) within 4 more hours Section 750.180 Cor Foods a) Raw animal food meat, and foods cor foods, shall be cool food to the following except as specified this Section: 4) 165°F (74°C) or field-dressed wild grish, stuffed meat, sor stuffing containing Section 750.230 Pr Metal stem-type nuthermometers accur provided and used maintenance of procor refrigeration tem hazardous foods. Section 750.510 Cleanliness Employees shall the and the exposed portion of the core and warm water be as often as is neces after smoking, eating Employees shall ke trimmed. Section 750.520 Grish Description of the core section 750.520 Grish Description of	all be cooled: "C) to 70°F (21°C) within 2 C) to 41°F (4.5°C), or below, so (or within a total of 6 hours). Doking Potentially Hazardous despite the standard of the gramma animal should be gramma animal should be gramma animals, poultry, stuffed stuffed pasta, stuffed poultry, and fish, meat, or poultry. Toduct Thermometers and times and times animals, poultry, stuffed stuffed pasta, stuffed poultry, and fish, meat, or poultry. Toduct Thermometers and times and time to +2 degrees F. shall be to assure attainment and apper internal cooking, holding peratures of all potentially General - Personal Toroughly wash their hands artions of their arms with soap affore starting work, during work assary to keep them clean, and and denoted their fingernails clean and the eneral - Clothing use effective hair restraints to	F99	999			
		nination of food or food-contact					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SURPLIER/CLIA

· /		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14A057	B. WIN	G		05/0	4/2007
	PROVIDER OR SUPPLIER	DME	•	STREET ADDRESS, CITY 5448 NORTH BROAI CHICAGO, IL 606	DWAY STREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORF	R'S PLAN OF CORREC RECTIVE ACTION SHO RENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	d) Employees shall personal cleanlines hygienic practices of the food service es Section 750.690 No Surfaces of equipm with food, but which food debris or which cleaning, shall be do to be smooth, wash ledges, projections accessible for clear material and in such maintained in a clear material and in such maintained in a clear to the consumer, should be shown of the sanitizes of equipment shall in one of the sanitizes of the saniti	eneral - Employee Practices maintain a high degree of ss and shall conform to good during all working periods in tablishment. on-Food-Contact Surfaces nent not intended for contact n are exposed to splash or h otherwise require frequent designed and fabricated so as hable, free of unnecessary , or crevices, and readily ning, and shall be of such h repair as to be easily an and sanitary condition. iping Cloths wiping food spills on plates or bowls being served hall be clean, dry and used for ponges used for wiping food re and food-contact surfaces be clean and rinsed frequently zing solutions permitted in and used for no other oths and sponges shall be zing solution between uses. anual Cleaning and Sanitizing t surfaces of all equipment	F99	99			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUBBLIED/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		14A057	B. WIN	G		05/04	4/2007
	ROVIDER OR SUPPLIER	DME	•	54	EET ADDRESS, CITY, STATE, ZIP CODE 148 NORTH BROADWAY STREET HICAGO, IL 60640		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	other chemical san CFR 178.1010, that bactericidal effect of 50 parts per million hypochlorite and hat 75 degrees F. for on These REGULATIO by the following: Based on observatifacility policy and posanitation and food of facility document facility consultation it was determined to A. Ensure that food at appropriate temphazardous food both B. Maintain a safe and uses gloves who preparation. Findings Include: A. Failure to ensure prepared at approphazardous food both 1. On 4-11-07 while kitchen surveyor refood temperature to documentation of for throughout the kitchen kitchen surveyor the same prepared to the surveyor that the kitchen surveyor the same prepared to the surveyor that the kitchen surveyor that the kitchen surveyor the same prepared to the surveyor that the kitchen surveyor that the kitchen surveyor the same prepared to the	elean solution containing any itizing agent allowed under 21 to will provide the equivalent of a solution containing at least of available chlorine as a aving a temperature of at least ne minute. ONS are not met as evidenced itons, interviews, review of rocedures regarding kitchen delivery systems, and review its (including, but not limited to reviews and dietary contract) that the facility failed to: ditems served were prepared peratures to prevent remeillnesses. and sanitary kitchen area, staff properly washes hands, nen indicated during food	F99	99			
	stated, " We hav temperatures."	en't been taking food					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUBBLIED/CLIA

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14A057	B. WIN	IG		05/0	4/2007
	ROVIDER OR SUPPLIER	ME	,	544	ET ADDRESS, CITY, STATE, ZIP CODE 8 NORTH BROADWAY STREET ICAGO, IL 60640		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO! CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	pot on the stove. A the observational to chicken was observ board. When asked cooking at 10:00AN the chicken and the cold water over the stated she deboned into small pieces. E kitchen duties leavi unrefrigerated for a At approximately 12 observed working v observed making p chicken in chicken it taking the temperat " I don't have a ther approximately 12:1 thermometer was a and returned with a the thermometer by the temperature of unrefrigerated and observed E6 did no before taking the te stated the chicken v (temperature was ta thermometer). After was observed calib (not the required 32 temperature of the taken, with an inacc thermometer at 82 temperature 114 de	n was observed boiling in a at 11:30AM while continuing our of the kitchen, the boiled yed chopped on a red cutting about the chicken seen of, E6 stated, she had poured a water from the pot and ran chicken at 11:10AM. E6 then d, skinned, and cut the chicken 6 was observed doing other ing the chicken uncovered and pproximately 1 hour. 2:10PM E6 was again with the chicken. E6 was reparations to use the cooked salad. E6 was not observed oure of the chicken. E6 stated, mometer" At 5PM surveyor asked E9 if a vailable. E9 left the kitchen thermometer. E6 was given of E9. E6 was observed taking the chicken (which remained uncovered). Surveyor it calibrate the thermometer imperature of the chicken. E6, was 84 degrees (Fahrenheit); aken with an uncalibrated of prompting by surveyor E6 rating the thermometer to zero 2 degrees Fahrenheit). The chicken was again improperly	F99	999			
	calibrated a new the	ermometer brought by E9 to					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14A057	B. WIN	1G _		05/0	4/2007
	PROVIDER OR SUPPLIER	ME	•	5	REET ADDRESS, CITY, STATE, ZIP CODE 448 NORTH BROADWAY STREET CHICAGO, IL 60640		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	inaccurate calibration the temperature of the temperature of the temperature of the temperature 102 de At approximately 12 making chicken sal mayonnaise from the cold mayonnaise at the chicken. E6 was chicken salad sand and/or wearing glow the surveyor, for E6 the chicken salad s recalibrate the them Fahrenheit). E6 use inaccurately calibratemperature of the 50 degrees (accurate Fahrenheit). The facility dietary produced in the cooled to buring interview on chicken salad should be consultation 2007. This agreement consultant will advis of food served, and to all dietary and all an as needed basis sheets. Topics should be consulted in the facility of food served, and to all dietary staff.	heit. With this second on of the thermometer E6 took the chicken. E6 stated the chicken was 80 (accurate egrees Fahrenheit). 2:10PM E6 resumed duties of ad. E6 gathered the ne refrigerator. E6 added the nd two (2) other ingredients to steen observed making wiches without hand washing wes. After further prompting by 6 to take the temperature of andwiches, E6 failed to mometer (to 32 degrees ad the thermometer ted to zero (0). The chicken salad sandwich was atte temperature 82 degrees colicy relating to cooling of izardous foods requires, potentially hazardous food o 41 degrees or below." 4-11-07 E6 stated, "the	F99	999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) N	IULTI	PLE CONSTRUCTION	(X3) DATE SU	
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDIN	G	COMPLE	ובט
		14A057	B. WIN	1G _		05/04	4/2007
	ROVIDER OR SUPPLIER	OME		5	REET ADDRESS, CITY, STATE, ZIP CODE 448 NORTH BROADWAY STREET CHICAGO, IL 60640		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	Continued From pa	ge 52	F99	999			
	reports (contract da January through Ma (Registered Dieticia in-services to dietar hazardous foods, p thermometer calibra Related in-services were requested and The facility policy d hazardous food. The temperature of 41 degrees Fahren food borne illness of 2. Interviews with I porter] on 4-11-07, taking the temperature sandwiches [4-11-07] and defrountil prompted by sunaware how long	E6 [day cook] and E9 [dietary 4-12-07 and 4-13-07 denied tures of chicken salad 07] tuna salad sandwiches sted ground beef [4-13-07] urveyor. On 4-13-07 E6 was ground beef had been out of bods were to be served to the					
	area, and ensure k	nin a safe and sanitary kitchen itchen staff properly washes oves when indicated during					
	following observations sanitize kitchen could white bucket. E13 (using the wiping clot to sanitize a food p	le touring the kitchen the on was made. Cloths used to unters were noted in a large food porter) was observed oths from the sanitation bucket reparation counter. At yor request the sanitizing					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14A057	B. WIN	G		05/04	4/2007
	PROVIDER OR SUPPLIER ERICAN NURSING HO) DME	•	54	EET ADDRESS, CITY, STATE, ZIP CODE 148 NORTH BROADWAY STREET HICAGO, IL 60640		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	solution was tested in the solution. The (parts per million). 50 PPM. E9 stated PPM however, survicular indicating test bleach added to so to the sanitizing but inside of the cover replaced the lid with 11:35AM, E14 (dish same solution twice indicating zero (0). 2. On 4-12-07 while E13 (food porter) with hands, drying her hands, drying her hands, drying her hands in the sils which were portions for the noothem. 3. On 4-11-07 E9 or garbage can after whandled kitchen ute the tray line preparations. On 4-11 and placing resident platrays for the resider E9 was observed to with bare hands. On dishes, bowls and the air dry. 4. On 4-11, 4-12-arobserved preparing celery/onions, atterdice.	I by E9. E9 stated bleach was a solution tested zero (0) PPM, The accurate concentration is a the solution indicated 50 veyor observed no change in a strip was at zero (0) no lution. E9 also allowed the lid cket to fall to the floor with the touching the floor. E9 hout any sanitization. At an and pot washer) tested the with test strips also, e touring the kitchen, as observed washing her hands with a paper towel and he garbage can. Without any E13 touched clean serving a used to measure out the food on meal without re-sanitizing was observed touching the washing her hands. Then she ensils to prepare food during ation without rewashing her and 4-12 2007 E9 was observed ates, bowls and cups onto an toon meal without gloves. Duching food plating surfaces on 4-13-07 E9 stacked washed trays without allowing them to	F99	999			